



November 19, 2014

Ms. Liz Bisbey-Kuehn
New Mexico Environmental Department
Air Quality Bureau
Permits Section- Minor Source Permits
525 Camino de los Marquez, Suite 1
Santa Fe, NM 87507

Re: Technical Revision to NSR Permit No. 0733-M15
Sterigenics U.S., LLC – Santa Teresa, NM Facility

Dear Ms. Kuehn:

Enclosed please find an application and supporting materials for a technical revision to the NSR permit issued to our Santa Teresa, New Mexico facility on June 13, 2013. Also enclosed is a \$500 check for the application fee.

The requested technical revision is to cover the following four changes:

1. Installation of a new 30-pallet sterilization chamber (Chamber 14), including the associated process emissions from a new vacuum pump and chamber back vent. The vacuum pump is rated at 550 cfm and will exhaust process emissions from the new chamber directly to the facility's existing Ceilcote scrubber system. The Ceilcote system control efficiency for the new vacuum pump is $\geq 99.3\%$. The chamber backvent consists of residual Ethylene Oxide (EO) or Propylene Oxide (PO) process emissions generated at the conclusion of each sterilization cycle. The new Chamber 14 backvent will exhaust to the facility's existing Donaldson catalytic oxidizer system via an existing inlet duct. The control efficiency of Donaldson system is $\geq 99\%$.
2. Increasing the facility's annual, daily and hourly usage caps on EO and/or PO by 20% to accommodate the new Chamber 14. The 20% increase will revise the EO/PO usage caps to: 1,692,000 pounds /year; 5880 pounds /day; and 1,790 pounds/hour.
3. Rerouting the facility's remaining nine (9) backvent emissions which currently are uncontrolled, to the existing Donaldson catalytic oxidizer for emissions treatment. (Note: The backvents for Chambers 8, 9, 10 and 13 were re-routed to the Donaldson system in 2013. This request involves similarly rerouting backvents for Chambers 1, 2, 3, 4, 5, 6, 7, 11 and 12 to the Donaldson system.) This change will result in all chamber backvents receiving emissions treatment to a control efficiency $\geq 99\%$.
4. Updating equipment descriptions in the current permit (shown in Table 104) for several listed emission sources. These revisions pertain only to "like-for-like" equipment replacements made in recent years. The new equipment has the same capacity and/or level of emissions as the replaced equipment.

The above four changes will reduce the facility's emission of total HAPs (EO/PO) from 8.8 tons/year (the existing permitted level) to 6.1 tons/year. Also, the proposed changes do not involve or impact pollutants subject to National or New Mexico ambient air quality standards. For this reason, an air dispersion modeling study is not included within this application.

Please call me at 847/263-3499 or Kevin Wagner (630/928-1771) should you need additional information or have any questions.

Sincerely,
A handwritten signature in black ink, appearing to read 'Jeffrey Smith'.

Jeffrey Smith
EHS Manager

Enclosures
Sterigenics International, Inc.
2015 Spring Road, Suite 650 • Oak Brook, IL 60523
Tel 630.928.1700 • Fax 630.928.1701 • www.sterigenics.com

Mail Application To: New Mexico Environment Department Air Quality Bureau Permits Section 525 Camino de los Marquez, Suite 1 Santa Fe, New Mexico, 87505 Phone: (505) 476-4300 Fax: (505) 476-4375 www.nmenv.state.nm.us/aqb		For Department use only: AIRS No.:
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Universal Air Quality Permit Application

Use this application for NOI, NSR, or Title V sources.

Use this application for: the initial application, modifications, technical revisions, and renewals. For technical revisions, complete Sections, 1-A, 1-B, 2-E, 3, 9 and any other sections that are relevant to the requested action; coordination with the Air Quality Bureau permit staff prior to submittal is encouraged to clarify submittal requirements and to determine if more or less than these sections of the application are needed. Use this application for streamline permits as well. For NOI applications, submit the entire UA1, UA2, and UA3 applications on a single CD (no copies are needed). For NOIs, hard copies of UA1, Tables 2A, 2D & 2F, Section 3 and the signed Certification Page are required.

This application is being submitted as (check all that apply): ☐ Request for a No Permit Required Determination (no fee)
☐ **Updating** an application currently under NMED review. Include this page and all pages that are being updated (no fee required).
 Construction Status: ☐ Not Constructed ☒ Existing Permitted (or NOI) Facility ☐ Existing Non-permitted (or NOI) Facility
 Minor Source: ☐ a NOI 20.2.73 NMAC ☒ 20.2.72 NMAC application/revision ☐ 20.2.72.300 NMAC Streamline application
 Title V Source: ☐ Title V (new) ☐ Title V renewal ☐ TV minor mod. ☐ TV significant mod. TV Acid Rain: ☐ New ☐ Renewal
 PSD Major Source: ☐ PSD major source (new) ☐ minor modification to a PSD source ☐ a PSD major modification

Acknowledgements: ☒ I acknowledge that a pre-application meeting is available to me upon request ☐ NPR (no fee)
☒ \$500 NSR Permit Filing Fee enclosed OR ☐ The full permit fee associated with 10 fee points (required w/ streamline applications).
☒ Check No.: 307221 in the amount of **\$500** (Fee not required for Title V) ☐ This facility meets the applicable requirements to register as a Small Business and a check for 50% of the normal fee is enclosed (only applicable provided that NMED has a Small Business Certification Form from your company on file found at: http://www.nmenv.state.nm.us/aqb/permit/app_form.html).

Citation: Please provide the **low level citation** under which this application is being submitted: **20.2.72.219.D NMAC**
 (i.e. an example of an application for a new minor source would be 20.2.72.200.A NMAC, one example of a low level cite for a Technical Revision could be: 20.2.72.219.B.1.b NMAC, or a Title V acid rain cite would be: 20.2.70.200.C NMAC)

Synthetic Minor Source Information: A source is synthetic minor if its uncontrolled emissions are above major source applicability thresholds, but the facility is minor because it has federally enforceable requirements (federal requirements or permit conditions) that limit controlled emissions below major source thresholds. Facilities can be synthetic minor for either Title V (20.2.70 NMAC) or PSD (20.2.74 NMAC) or both. The Department tracks synthetic minor sources that are within 20% of either TV or PSD major source thresholds, referring to these as Synthetic Minor 80 Sources (abbreviated SM80). Please check all that apply:
 Prior to this permitting action this source is a ☐ TV major source, ☐ a TV synthetic minor source, ☒ a TV SM80 source.
 Prior to this permitting action this source is a ☐ PSD major source, ☐ a PSD synthetic minor source, ☐ a PSD SM80 source.
 This permitting action results in a ☒ TV synthetic minor source and/or ☐ PSD synthetic minor source.

Section 1 – Facility Information

Section 1-A: Company Information		AI # (if known):	Updating Permit/NOI #: 0733-M15
1	Facility Name: Sterigenics U.S., LLC – Santa Teresa Facility	Plant primary SIC Code (4 digits): 7389	
a	Facility Street Address (If no facility street address, provide directions from a prominent landmark): 2400 Airport Road, Santa Teresa, New Mexico 88008		
2	Plant Operator Company Name: Sterigenics U.S., LLC	Phone/Fax: 630/928-1771 630/928-1701	
a	Plant Operator Address: 2015 Spring Road – Suite 650, Oak Brook, IL 60523		
b	Plant Operator's New Mexico Corporate ID or Tax ID: 03-067456-00-5		
3	Plant Owner(s) name(s): Sterigenics U.S., LLC	Phone/Fax: 630/928-1771 630/928-1701	
a	Plant Owner(s) Mailing Address(s): 2015 Spring Road – Suite 650, Oak Brook, IL 60523		

4	Bill To (Company): Sterigenics U.S., LLC	Phone/Fax: 630/928-1771 630/928-1701
a	Mailing Address: 2015 Spring Road – Ste. 650, Oak Brook, IL 60523	E-mail: KWagner@Sterigenics.com
5	X Preparer: Jeffrey Smith □ Consultant:	Phone/Fax: 847/263-3499 630/928-1701
a	Mailing Address: 2015 Spring Road – Ste. 650, Oak Brook, IL 60523	E-mail: JPSmith@Sterigenics.com
6	Plant Operator Contact: Steve Ortiz	Phone/Fax: 575/589-9300 575/589-9729
a	Address: 2400 Airport Road, Santa Teresa, New Mexico 88008	E-mail: SOrtiz@Sterigenics.com
7	Air Permit Contact: Jeffrey Smith	Title: EHS Manager
a	E-mail: JPSmith@Sterigenics.com	Phone/Fax: 847/263-3499 630/928-1701
b	Mailing Address: 2015 Spring Road – Ste. 650, Oak Brook, IL 60523	

Section 1-B: Current Facility Status

1.a	Has this facility already been constructed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.b If yes to question 1.a, is it currently operating in New Mexico? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes to question 1.a, was the existing facility subject to a Notice of Intent (NOI) (20.2.73 NMAC) before submittal of this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes to question 1.a, was the existing facility subject to a construction permit (20.2.72 NMAC) before submittal of this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Is the facility currently shut down? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, give month and year of shut down (MM/YY):
4	Was this facility constructed before 8/31/1972 and continuously operated since 1972? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5	If Yes to question 3, has this facility been modified (see 20.2.72.7.P NMAC) or the capacity increased since 8/31/1972? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
6	Does this facility have a Title V operating permit (20.2.70 NMAC)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, the permit No. is: P-
7	Has this facility been issued a No Permit Required (NPR)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the NPR No. is: 0733-M13
8	Has this facility been issued a Notice of Intent (NOI)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the NOI No. is: 0733-M14
9	Does this facility have a construction permit (20.2.72 NMAC)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the permit No. is: P-733-M12-R
10	Is this facility registered under a General permit (GCP-1, GCP-2, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, the register No. is:

Section 1-C: Facility Input Capacity & Production Rate

1	What is the facility's maximum input capacity, specify units (reference here and list capacities in Section 20, if more room is required)			
a	Current	Hourly: 1,490 lbs/hr. EO or PO	Daily: 4,900 lbs/ day EO or PO	Annually: 1,410,000 lbs/yr EO or PO
b	Proposed	Hourly: 1,790 lbs/hr. EO or PO	Daily: 5,880 lbs/ day EO or PO	Annually: 1,692,000 lbs/yr EO or PO
2	What is the facility's maximum production rate, specify units (reference here and list capacities in Section 20, if more room is required)			
a	Current	Hourly: not applicable (N/A.)	Daily: N/A	Annually: N/A
b	Proposed	Hourly: N/A	Daily: N/A	Annually: N/A

Section 1-D: Facility Location Information

1	Section:	Range:	Township:	County:	Elevation (ft):
2	UTM Zone: <input type="checkbox"/> 12 or <input type="checkbox"/> 13			Datum: <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 <input type="checkbox"/> WGS 84	

a	UTM E (in meters, to nearest 10 meters):	UTM N (in meters, to nearest 10 meters):
b	AND Latitude (deg., min., sec.):	Longitude (deg., min., sec.):
3	Name and zip code of nearest New Mexico town:	
4	Detailed Driving Instructions from nearest NM town (attach a road map if necessary):	
5	The facility is (distance) miles (direction) of (nearest town).	
6	Status of land at facility (check one): <input type="checkbox"/> Private <input type="checkbox"/> Indian/Pueblo <input type="checkbox"/> Federal BLM <input type="checkbox"/> Federal Forest Service <input type="checkbox"/> Other (specify)	
7	List all municipalities, Indian tribes, and counties within a ten (10) mile radius (20.2.72.203.B.2 NMAC) of the property on which the facility is proposed to be constructed or operated:	
8	20.2.72 NMAC applications only: Will the property on which the facility is proposed to be constructed or operated be closer than 50 km (31 miles) to other states, Bernalillo County, or a Class I area (see www.nmenv.state.nm.us/aqb/modeling/classIareas.html)? <input type="checkbox"/> Yes <input type="checkbox"/> No (20.2.72.206.A.7 NMAC) If yes, list all with corresponding distances in kilometers:	
9	Name nearest Class I area:	
10	Shortest distance (in km) from facility boundary to the boundary of the nearest Class I area (to the nearest 10 meters):	
11	Distance (meters) from the perimeter of the Area of Operations (AO is defined as the plant site inclusive of all disturbed lands, including mining overburden removal areas) to nearest residence, school or occupied structure:	
12	Method(s) used to delineate the Restricted Area: "Restricted Area" is an area to which public entry is effectively precluded. Effective barriers include continuous fencing, continuous walls, or other continuous barriers approved by the Department, such as rugged physical terrain with steep grade that would require special equipment to traverse. If a large property is completely enclosed by fencing, a restricted area within the property may be identified with signage only. Public roads cannot be part of a Restricted Area.	
13	Does the owner/operator intend to operate this source as a portable stationary source as defined in 20.2.72.7.X NMAC? <input type="checkbox"/> Yes <input type="checkbox"/> No A portable stationary source is not a mobile source, such as an automobile, but a source that can be installed permanently at one location or that can be re-installed at various locations, such as a hot mix asphalt plant that is moved to different job sites.	
14	Will this facility operate in conjunction with other air regulated parties on the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what is the name and permit number (if known) of the other facility?	

Section 1-E: Proposed Operating Schedule (The 1-E.1 & 1-E.2 operating schedules may become conditions in the permit.)

1	Facility maximum operating ($\frac{\text{hours}}{\text{day}}$):	($\frac{\text{days}}{\text{week}}$):	($\frac{\text{weeks}}{\text{year}}$):	($\frac{\text{hours}}{\text{year}}$):
2	Facility's maximum daily operating schedule (if less than 24 $\frac{\text{hours}}{\text{day}}$)? Start:	<input type="checkbox"/> AM <input type="checkbox"/> PM	End:	<input type="checkbox"/> AM <input type="checkbox"/> PM
3	Month and year of anticipated start of construction:			
4	Month and year of anticipated construction completion:			
5	Month and year of anticipated startup of new or modified facility:			
6	Will this facility operate at this site for more than one year? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 1-F: Other Facility Information

1	Are there any current Notice of Violations (NOV), compliance orders, or any other compliance or enforcement issues related to this facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify:		
a	If yes, NOV date or description of issue:	NOV Tracking No:	
b	Is this application in response to any issue listed in 1-F, 1 or 1a above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, provide the 1c & 1d info below:		
c	Document Title:	Date:	Requirement # (or page # and paragraph #):
d	Provide the required text to be inserted in this permit:		

2	Is air quality dispersion modeling being submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3	Does this facility require an "Air Toxics" permit under 20.2.72.400 NMAC & 20.2.72.502, Tables A and/or B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4	Will this facility be a source of federal Hazardous Air Pollutants (HAP)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a	If Yes, what type of source? <input type="checkbox"/> Major (<input type="checkbox"/> ≥ 10 tpy of any single HAP OR <input type="checkbox"/> ≥ 25 tpy of any combination of HAPS) OR <input type="checkbox"/> Minor (<input checked="" type="checkbox"/> < 10 tpy of any single HAP AND <input type="checkbox"/> < 25 tpy of any combination of HAPS)
b	If 4.a is Yes, identify the subparts in 40 CFR 61 & 40 CFR 63 that apply to this facility (If no subparts apply, enter "N/A."): 40 CFR 63 Subpart O

Section 1-G: Streamline Application

(This section applies to 20.2.72.300 NMAC Streamline applications only)

1	<input type="checkbox"/> I have filled out Section 18, "Addendum for Streamline Applications." <input type="checkbox"/> N/A (This is not a Streamline application.)
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Section 1-H: Title V Specific Information

(Fill this section out only if this is a Title V application.)

1	Responsible Official (20.2.70.300.D.2 NMAC):		Phone:
a	R.O. Title:	R.O. e-mail:	
b	R. O. Address:		
2	Alternate Responsible Official (20.2.70.300.D.2 NMAC):		Phone:
a	A. R.O. Title:	A. R.O. e-mail:	
b	A. R. O. Address:		
3	Company's Corporate or Partnership Relationship to any other Air Quality Permittee (List the names of any companies that have operating (20.2.70 NMAC) permits and with whom the applicant for this permit has a corporate or partnership relationship):		
4	Name of Parent Company ("Parent Company" means the primary name of the organization that owns the company to be permitted wholly or in part.):		
a	Address of Parent Company:		
5	Names of Subsidiary Companies ("Subsidiary Companies" means organizations, branches, divisions or subsidiaries, which are owned, wholly or in part, by the company to be permitted.):		
6	Telephone numbers & names of the owners' agents and site contacts familiar with plant operations:		
7	Affected Programs to include Other States, local air pollution control programs (i.e. Bernalillo) and Indian tribes: Will the property on which the facility is proposed to be constructed or operated be closer than 80 km (50 miles) from other states, local pollution control programs, and Indian tribes and pueblos (20.2.70.402.A.2 and 20.2.70.7.B)? If yes, state which ones and provide the distances in kilometers:		

Section 1-I – Submittal Requirements

Each 20.2.73 NMAC (NOI), a 20.2.70 NMAC (Title V), a 20.2.72 NMAC (NSR minor source), or 20.2.74 NMAC (PSD) application package shall consist of the following:

Hard Copy Submittal Requirements:

- 1) One hard copy **original signed and notarized application package printed double sided 'head-to-toe' 2-hole punched** as we bind the document on top, not on the side; except Section 2 (landscape tables), which should be head-to-head. If 'head-to-toe printing' is not possible, print single sided. Please use **numbered tab separators** in the hard copy submittal(s) as this facilitates the review process. For NOI submittals only, hard copies of UA1, Tables 2A, 2D & 2F, Section 3 and the signed Certification Page are required.
- 2) If the application is for a NSR or Title V permitting action, include one working hard **copy** for Department use. This **copy** does not need to be 2-hole punched. Technical revisions only need to fill out Section 1-A, 1-B, 3, and should fill out those portions of other Section(s) relevant to the technical revision. TV Minor Modifications need only fill out Section 1-A, 1-B, 1-H, 3, and those portions of other Section(s) relevant to the minor modification. NMED may require additional portions of the application to be submitted, as needed.

- 3) The entire NOI or Permit application package, including the full modeling study, should be submitted electronically on compact disk(s) (CD). For permit application submittals, **two** CD copies are required (in sleeves, not crystal cases, please), with additional CD copies as specified below. NOI applications require only a single CD submittal.
- 4) If **air dispersion modeling** is required by the application type, include the **NMED Modeling Waiver OR** one additional electronic copy of the air dispersion modeling including the input and output files. The dispersion modeling **summary report only** should be submitted as hard copy(ies) unless otherwise indicated by the Bureau. The complete dispersion modeling study, including all input/output files, should be submitted electronically as part of the electronic submittal.
- 5) If subject to PSD review under 20.2.74 NMAC (PSD) include,
 - a. one additional hard copy and one additional CD copy for US EPA,
 - b. one additional hard copy and one additional CD copy for each federal land manager affected (NPS, USFS, FWS, USDI) and,
 - c. one additional hard copy and one additional CD copy for each affected regulatory agency other than the Air Quality Bureau.

Electronic Submittal Requirements [in addition to the required hard copy(ies)]:

- 1) All required electronic documents shall be submitted in duplicate (2 separate CDs). A single PDF document of the entire application as submitted and the individual documents comprising the application.
- 2) The documents should also be submitted in Microsoft Office compatible file format (Word, Excel, etc.) allowing us to access the text in the documents (copy & paste). Any documents that cannot be submitted in a Microsoft Office compatible format shall be saved as a PDF file from within the electronic document that created the file. If you are unable to provide Microsoft office compatible electronic files or internally generated PDF files of files (items that were not created electronically: i.e. brochures, maps, graphics, etc.), submit these items in hard copy format with the number of additional hard copies corresponding to the number of CD copies required. We must be able to review the formulas and inputs that calculated the emissions.
- 3) It is preferred that this application form be submitted as 3 electronic files (2 MSWord docs: Universal Application section 1 and Universal Application section 3-19) and 1 Excel file of the tables (Universal Application section 2) on the CD(s). Please include as many of the 3-19 Sections as practical in a single MS Word electronic document. Create separate electronic file(s) if a single file becomes too large or if portions must be saved in a file format other than MS Word.
- 4) The electronic file names shall be a maximum of 25 characters long (including spaces, if any). The format of the electronic Universal Application shall be in the format: "A-3423-FacilityName". The "A" distinguishes the file as an application submittal, as opposed to other documents the Department itself puts into the database. Thus, all electronic application submittals should begin with "A-". Modifications to existing facilities should use the core permit number (i.e. '3423') the Department assigned to the facility as the next 4 digits. Use 'XXXX' for new facility applications. The format of any separate electronic submittals (additional submittals such as non-Word attachments, re-submittals, application updates) and Section document shall be in the format: "A-3423-9-description", where "9" stands for the section # (in this case Section 9-Public Notice). Please refrain, as much as possible, from submitting any scanned documents as this file format is extremely large, which uses up too much storage capacity in our database. Please take the time to fill out the header information throughout all submittals as this will identify any loose pages, including the Application Date (date submitted) & Revision # (0 for original, 1, 2, etc.; which will help keep track of subsequent partial update(s) to the original submittal. The footer information should not be modified by the applicant.

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Section 3

Application Summary

The **Application Summary** shall include a brief description of the facility and its process, the type of permit application, the applicable regulation (i.e. 20.2.72.200.A.X, or 20.2.73 NMAC) under which the application is being submitted, and any air quality permit numbers associated with this site. If this facility is to be collocated with another facility, provide details of the other facility including permit number(s). In case of a revision or modification to a facility, provide the lowest level regulatory citation (i.e. 20.2.72.219.B.1.d NMAC) under which the revision or modification is being requested. Also describe the proposed changes from the original permit, how the proposed modification will effect the facility's operations and emissions, de-bottlenecking impacts, and changes to the facility's major/minor status (both PSD & Title V).

Routine or predictable emissions during Startup, Shutdown, and Maintenance (SSM): Provide an overview of how SSM emissions are accounted for in this application. Refer to "Guidance for Submittal of Startup, Shutdown, Maintenance Emissions in Permit Applications (http://www.nmenv.state.nm.us/aqb/permit/app_form.html) for more detailed instructions on SSM emissions.

Facility NSR Permit: 0733-M15

The requested technical revision (20.2.72.219.D) is to cover the following four changes:

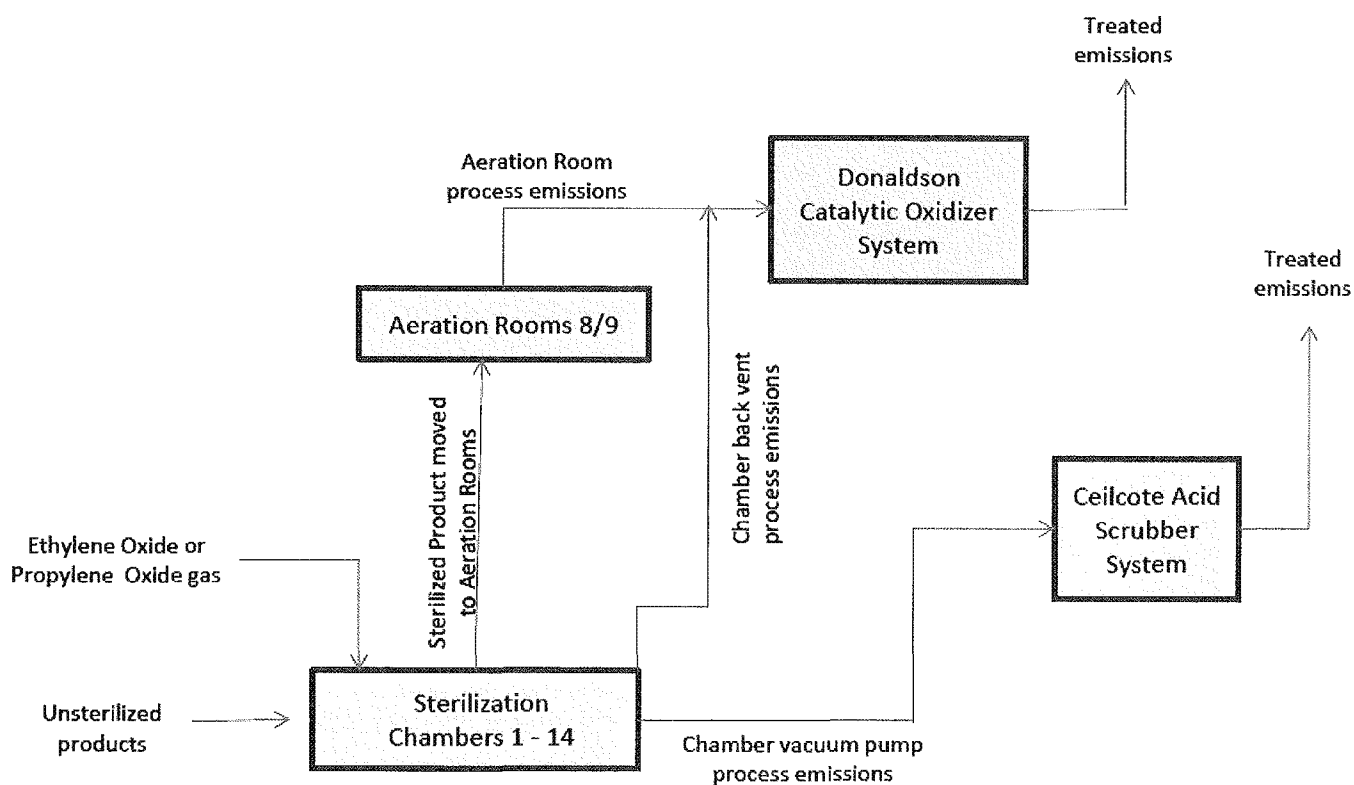
1. Installation of a new 30-pallet sterilization chamber (Chamber 14), including associated process emissions from a new vacuum pump and chamber back vent. The vacuum pump is rated at 550 cfm and will exhaust process emissions from the new chamber directly to the facility's existing Ceilcote scrubber system. The Ceilcote system control efficiency for the new vacuum pump will be $\geq 99.3\%$. The chamber backvent consists of residual Ethylene Oxide (EO) or Propylene Oxide (PO) process emissions produced at the conclusion of each chamber sterilization cycle. The new Chamber 14 backvent will exhaust to the facility's existing Donaldson catalytic oxidizer system via an existing inlet duct. The Donaldson system control efficiency for the Chamber 14 backvent will be $\geq 99\%$.
2. Increasing the facility's cap on the usage of EO or PO by 20% to accommodate the new chamber mentioned above. The 20% increase will revise the EO/PO usage caps to: 1,692,000 pounds /year; 5880 pounds /day; and 1,790 pounds/hour.
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4. Updating equipment descriptions in the current permit (shown in Table 104) for several listed emission sources. These revisions pertain only to "like-for-like" equipment replacements made in recent years. The new equipment has the same capacity and/or level of emissions as the replaced equipment.

Section 4

Process Flow Sheet

A **process flow sheet** and/or block diagram indicating the individual equipment, all emission points and types of control applied to those points. The unit numbering system should be consistent throughout this application.

Simple Facility Process Diagram Santa Teresa Facility



Section 23: Certification

Company Name: STERIGENICS U.S., LLC

I, KATHLEEN HOFFMAN, hereby certify that the information and data submitted in this application are true and as accurate as possible, to the best of my knowledge and professional expertise and experience.

Signed this 20th day of November, 2014 upon my oath or affirmation, before a notary of the State of

Illinois.

KATHLEEN HOFFMAN

*Signature

20-Nov-2014

Date

KATHLEEN HOFFMAN

Printed Name

Sr. Vice President Global EHS

Title

Scribed and sworn before me on this 20 day of November, 2014.

My authorization as a notary of the State of Illinois expires on the

23 day of July, 2017.

Claudine Evans

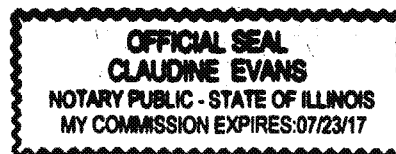
Notary's Signature

20 Nov 2014

Date

Claudine Evans

Notary's Printed Name



*For Title V applications, the signature must be of the Responsible Official as defined in 20.2.70.7.AE NMAC.

Table 2-A: Regulated Emission Sources

Unit and stack numbering must correspond throughout the application package. If applying for a NOI under 20.2.73 NMAC, equipment exemptions under 2.72.202 NMAC do not apply.

Unit Number ¹	Source Description	Manufacturer	Model #	Serial #	Maximum or Rated Capacity ³ (Specify Units)	Requested Permitted Capacity ³ (Specify Units)	Date of Manufacture or Reconstruction ²	Controlled by Unit #	Source Classification Code (SCC)	For Each Piece of Equipment, Check One	Applicable State & Federal Regulation(s) (i.e. 20.2.X, JJJJ, ...)	Replacing Unit No.
							Date of Installation /Construction ²	Emissions vented to Stack #				
S-1	Sterilizer #1 Vacuum Pump	Dekker	DV02516 DA2	050926G03	250 cfm	250 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-2	Sterilizer #2 Vacuum Pump	Dekker	DV02516 DA2	050725G07	250 cfm	250 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-3	Sterilizer #3 Vacuum Pump	Dekker	DV0251B-DA3	060920G01	250 cfm	250 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-4	Sterilizer #4 Vacuum Pump	Dekker	DV0250B-DA2	12005	250 cfm	250 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-5	Sterilizer #5 Vacuum Pump	Dekker	DV0251B-DA2	060610G03	250 cfm	250 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-6	Sterilizer #6 Vacuum Pump	Dekker	DV0251B-DA3	070129G03	250 cfm	250 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-7	Sterilizer #7 Vacuum Pump	Dekker	DV0550B-KA2	070323G11	250 cfm	250 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-8	Sterilizer #8 Vacuum Pump(s) for 30 Pallet Chamber	Dekker	FORM A&B DV0550B-KA3	C02373602/ C02373601	2@550 cfm	2@550 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-9	Sterilizer #9 Vacuum Pump for 30 Pallet Chamber	Dekker	DV0550B-KA3/DV0550B-KA2	060427G05/ C02373609	2@550 cfm	2@550 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-10	Sterilizer #10 Vacuum Pump(s) for 30 Pallet	Dekker	DV0550B-KA2	071031G06	550 cfm	550 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-11	Sterilizer #11 Vacuum Pump(s) for 15 Pallet Chamber	Dekker	DV0550B-KA2	050628G02	550 cfm	550 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input checked="" type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-12	Sterilizer #12 Vacuum Pump(s) for 26 Pallet Chamber	Sterling SIHI	LEHA 900 AB	BFK4SP	550 cfm	550 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-13	Sterilizer #13 Vacuum Pump(s) for 30 Pallet Chamber	Dekker	DV0-550B-KA2	061031G10	550 cfm	550 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
S-14	Sterilizer #14 Vacuum Pump for new 30 Pallet Chamber	Dekker	T.B.D.	T.B.D.	550 cfm	550 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
AR 8	Aeration Room #8									<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	

¹ Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.² Specify dates required to determine regulatory applicability.³ To properly account for power conversion efficiencies, generator set rated capacity shall be reported as the rated capacity of the engine in horsepower, not the kilowatt capacity of the generator set.

Table 2-A: Regulated Emission Sources

Unit and stack numbering must correspond throughout the application package. If applying for a NOI under 20.2.73 NMAC, equipment exemptions under 2.72.202 NMAC do not apply.

Unit Number ¹	Source Description	Manufacturer	Model #	Serial #	Maximum or Rated Capacity ³ (Specify Units)	Requested Permitted Capacity ³ (Specify Units)	Date of Manufacture or Reconstruction ²	Controlled by Unit #	Source Classification Code (SCC)	For Each Piece of Equipment, Check One	Applicable State & Federal Regulation(s) (i.e. 20.2.X, JJJJ, ...)	Replacing Unit No.
							Date of Installation /Construction ²	Emissions vented to Stack #				
AR-9	Aeration Room #9									<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced	40CFR63.362(a)	
BV 1	Back Vent Exhaust for Sterilizer 1	Captive Air	BI18CAR M	455172	3000 cfm	3000 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 2	Back Vent Exhaust for Sterilizer 2	Captive Air	BI18SCAR M	404418	3000 cfm	3000 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 3	Back Vent Exhaust for Sterilizer 3	Dayton	UK	D2C799A	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 4	Back Vent Exhaust for Sterilizer 4	Dayton	UK	2C799A	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 5	Back Vent Exhaust for Sterilizer 5	Dayton	UK	13C074A	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 6	Back Vent Exhaust for Sterilizer 6	Dayton	UK	D3C074A	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 7	Back Vent Exhaust for Sterilizer 7	Dayton	UK	10C074A	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 8	Back Vent Exhaust for Sterilizer 8	Greenheck	12-BISW-41-10-11	11865778 -0909	1800 cfm	1800 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 9	Back Vent Exhaust for Sterilizer 9	Greenheck	12-BISW-41-10-11	12327114 -1102	1800 cfm	1800 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 10	Back Vent Exhaust for Sterilizer 10	Greenheck	12-BISW-41-10-11	11872437 -0909	1800 cfm	1800 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 11	Back Vent Exhaust for Sterilizer 11	Greenheck	12-BISW-41-10-11	05L11546	1800 cfm	1800 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 12	Back Vent Exhaust for Sterilizer 12	Greenheck	12-BISW-41-10-11	5647269-12982637	2000 cfm	2000 cfm				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input checked="" type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 13	Back Vent Exhaust for Sterilizer 13	Greenheck	12-BISW-41-10-11	07B02982	1800 cfm	1800 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		
BV 14	Back Vent Exhaust for Sterilizer 14	T.B.D	T.B.D.	T.B.D.	T.B.D.	T.B.D.				<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To be Removed <input checked="" type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To be Replaced		

¹ Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.² Specify dates required to determine regulatory applicability.³ To properly account for power conversion efficiencies, generator set rated capacity shall be reported as the rated capacity of the engine in horsepower, not the kilowatt capacity of the generator set.

Table 2-A: Regulated Emission Sources

Unit and stack numbering must correspond throughout the application package. If applying for a NOI under 20.2.73 NMAC, equipment exemptions under 2.72.202 NMAC do not apply.

Unit Number ¹	Source Description	Manufacturer	Model #	Serial #	Maximum or Rated Capacity ³ (Specify Units)	Requested Permitted Capacity ³ (Specify Units)	Date of Manufacture or Reconstruction ²	Controlled by Unit #	Source Classification Code (SCC)	For Each Piece of Equipment, Check One	Applicable State & Federal Regulation(s) (i.e. 20.2.X, JJJJ, ...)	Replacing Unit No.
							Date of Installation /Construction ²	Emissions vented to Stack #				
CD 1	Acid-Water Scrubber	Deoxx	#88-485	None	600 cfm	600 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced	40CFR 63.362(a)	
CD 2	Acid-Water Scrubber	Cealcote	SPT-54-240	81318	2500 cfm	2500 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced	40 CFR 63.362(a)	
CD 3	Catalytic Oxidizer	Donaldson	20,000 AG Eto Abator	None	20,000 cfm	20,000 cfm				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced	40 CFR 63.362(a)	
Bx	Any combination of natural gas boilers with maximum combined input rating ≤ 18 MM Btu/hr.	Cleaver Brooks	FLX 700		18 MM BTU/hr.	18 MM BTU/hr.				<input checked="" type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		
										<input type="checkbox"/> Existing (unchanged) <input type="checkbox"/> To Be Removed <input type="checkbox"/> New/Additional <input type="checkbox"/> Replacement Unit <input type="checkbox"/> To Be Modified <input type="checkbox"/> To Be Replaced		

¹ Unit numbers must correspond to unit numbers in the previous permit unless a complete cross reference table of all units in both permits is provided.² Specify dates required to determine regulatory applicability.

Unit and stack numbering must correspond throughout the application package. Only list control equipment for TAPs if the TAP's maximum uncontrolled emissions rate is over its respective threshold as listed in 20.2.72 NMAC, Subpart V, Tables A and B. In accordance with 20.2.72.203.A(3) and (8) NMAC, 20.2.70.300.D(5)(b) and (e) NMAC, and 20.2.73.200.B(7) NMAC, the permittee shall report all control devices and list each pollutant controlled by the control device regardless if the applicant takes credit for the reduction in emissions.

¹ List each control device on a separate line. For each control device, list all emission units controlled by the control device.

ED_013075_00001953-00014

X This Table was intentionally left blank because it would be identical to Table 2-E.

[illegible]

² **Condensables:** Include condensable particulate matter emissions in particulate matter calculations.

ED_013075_00001953-00015

ED_013075_00001953-00016

Table 2-I: Stack Exit and Fugitive Emission Rates for HAPs and TAPs

In the table below, report the Potential to Emit for each HAP from each regulated emission unit listed in Table 2-A, only if the entire facility emits the HAP at a rate greater than or equal to one (1) ton per year. For each such emission unit, HAPs shall be reported to the nearest 0.1 tpy. Each facility-wide Individual HAP total and the facility-wide Total HAPs shall be the sum of all HAP sources calculated to the nearest 0.1 ton per year. Per 20.2.72.403.A.1 NMAC, facilities not exempt [see 20.2.72.402.C NMAC] from TAP permitting shall report each TAP that has an uncontrolled emission rate in excess of its pounds per hour screening level specified in 20.2.72.502 NMAC. TAPs shall be reported using one more significant figure than the number of significant figures shown in the pound per hour threshold corresponding to the substance. Use the HAP nomenclature as it appears in Section 112 (b) of the 1990 CAAA and the TAP nomenclature as it listed in 20.2.72.502 NMAC. Include tank-flashing emissions estimates of HAPs in this table. For each HAP or TAP listed, fill all cells in this table with the emission numbers or a "-" symbol. A "-" symbol indicates that emissions of this pollutant are not expected or the pollutant is emitted in a quantity less than the threshold amounts described above.

Stack No.	Unit No.(s)	Total HAPs		Ethylene Oxide* <input checked="" type="checkbox"/> HAP or <input type="checkbox"/> TAP		Propylene Oxide* <input checked="" type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP		Provide Pollutant Name Here <input type="checkbox"/> HAP or <input type="checkbox"/> TAP	
		lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr	lb/hr	ton/yr
	SV1 thru SV14	incl. in CD-2		incl. in CD-2		incl. in CD-2													
	AR8 & AR9	incl. in CD-3		incl. in CD-3		incl. in CD-3													
	BV1 thru BV14	incl. in CD-3		incl. in CD-3		incl. in CD-3													
	CD-1	operates as back-up to CD-2		operates as back-up to CD-2		operates as back-up to CD-2													
	CD-2	11.9	5.7	11.9	5.7	*	*												
	CD-3	0.9	0.4	0.9	0.4	*	*												
	Bx	A	A	A	A	A	A												
* Note: Combined usage of Ethylene Oxide and Propylene Oxide will not exceed 846 tons/year. Distribution of EO and PO emissions will not total above the emissions listed for Ethylene Oxide.																			
Totals:		12.8	6.1	12.8	6.1	*	*												

Sterigenics Santa Teresa Facility

Usage	Current Operating Limits	Proposed Operating Limits	Regulatory/Permit Last test For Calculation	Scrubber Efficiency	Abator Efficiency	Allocation of Facility Emission Sources	
						Allocation	
EO/PO Lbs/Yr	1,410,000	1,692,000		99.00%	99.00%	Vacuum	95.0%
EO/PO Lbs/Day	4,900	5,880		99.95%	99.66%	Aeration	4.0%
EO/PO Lbs/Hr	1,490	1,790		99.30%	99.00%	Backvent	1.0%

Emissions Summary

VOC Emissions

Vacuum Pump VOC (EO)
Backvent VOC (EO)
Aeration VOC (EO)
Facility total EO

Permit Emission Limits ¹	
Lbs/Hr	Tons/Yr
11.91	5.63
0.18	0.08
0.72	0.34
12.80	6.05

Donaldson burner 3.765 MMBTU/hr.
Backvent VOC (EO)
Aeration VOC (EO)

Abator VOC Emissions

Lbs/Hr	Tons/Yr
0.02	0.09
0.18	0.08
0.72	0.34
0.92	0.51

Ethylene Oxide Emissions

Chamber Emissions¹

Source Code	Chamber	Capacity (pallets)	Projected Maximums ¹							
			EO Charge Rate		Vacuum		Backvent		Aeration	
					EO Emissions		EO Emissions		EO Emissions	
			Lbs/Hr	Tons/Yr	Lbs/Hr	Tons/Yr	Lbs/Hr	Tons/Yr	Lbs/Hr	Tons/Yr
R1	1	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R2	2	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R3	3	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R4	4	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R5	5	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R6	6	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R7	7	13	82.53	39.00	0.55	0.26	0.01	0.00	0.03	0.02
R8	8	30	190.45	90.00	1.27	0.60	0.02	0.01	0.08	0.04
R9	9	30	190.45	90.00	1.27	0.60	0.02	0.01	0.08	0.04
R10	10	30	190.45	90.00	1.27	0.60	0.02	0.01	0.08	0.04
R11	11	15	95.23	45.00	0.63	0.30	0.01	0.00	0.04	0.02
R12	12	26	165.06	78.00	1.10	0.52	0.02	0.01	0.07	0.03
R13	13	30	190.45	90.00	1.27	0.60	0.02	0.01	0.08	0.04
R14	14	30	190.45	90.00	1.27	0.60	0.02	0.01	0.08	0.04
Totals		282	1,790.24	846.00	11.91	5.63	0.18	0.08	0.72	0.34

Section 9

Proof of Public Notice

(for NSR applications submitting under 20.2.72 or 20.2.74 NMAC)

(This proof is required by: 20.2.72.203.A.14 NMAC "Documentary Proof of applicant's public notice")

☒ **I have read the AQB "Guidelines for Public Notification for Air Quality Permit Applications"**

This document provides detailed instructions about public notice requirements for various permitting actions. It also provides public notice examples and certification forms. Material mistakes in the public notice will require a re-notice before issuance of the permit.

Unless otherwise allowed elsewhere in this document, the following items document proof of the applicant's Public Notification. Please include this page in your proof of public notice submittal with checkmarks indicating which documents are being submitted with the application.

New Permit and **Significant Permit Revision** public notices must include all items in this list.

Technical Revision public notices require only items 1, 5, 9, and 10.

Per the Guidelines for Public Notification document mentioned above, include:

1. ☒ A copy of the certified letter receipts with post marks (20.2.72.203.B NMAC)
 2. ☐ A list of the places where the public notice has been posted in at least four publicly accessible and conspicuous places, including the proposed or existing facility entrance. (e.g: post office, library, grocery, etc.)
 3. ☐ A copy of the property tax record (20.2.72.203.B NMAC).
 4. ☐ A sample of the letters sent to the owners of record.
 5. ☒ A sample of the letters sent to counties, municipalities, and Indian tribes.
 6. ☐ A sample of the public notice posted and a verification of the local postings.
 7. ☐ A table of the noticed citizens, counties, municipalities and tribes and to whom the notices were sent in each group.
 8. ☐ A copy of the public service announcement (PSA) sent to a local radio station and documentary proof of submittal.
 9. ☒ A copy of the classified or legal ad including the page header (date and newspaper title) or its affidavit of publication stating the ad date, and a copy of the ad. When appropriate, this ad shall be printed in both English and Spanish.
 10. ☒ A copy of the display ad including the page header (date and newspaper title) or its affidavit of publication stating the ad date, and a copy of the ad. When appropriate, this ad shall be printed in both English and Spanish.
 11. ☐ A map with a graphic scale showing the facility boundary and the surrounding area in which owners of record were notified by mail. This is necessary for verification that the correct facility boundary was used in determining distance for notifying land owners of record.
-

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Sunland
1000 N Knuff Rd
Sunland Park, NM
88063

2. Article Number

(Transfer from service label)

7013 3020 0002 3438 8989

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Herrera

C. Date of Delivery

10-28-14

D. Is delivery address different from item 1?

If YES, enter delivery address

3. Service Type

- ☐ Certified Mail® ☐ Priority
☐ Registered ☐ Return
☐ Insured Mail ☐ Collect

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SUNLAND PARK NM 88063

Postage \$ 0.49

Certified Fee \$3.30

Return Receipt Fee (Endorsement Required) \$2.70

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.49

02

Postmark Here

OCT 27 2014

10/27/2014

Sent To

City of Sunland USPS

Street, Apt. No.:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FXI (Foamex)
2500 Airport Rd
Santa Teresa, NM
88008

2. Article Number

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Stacy Mail

D. Is delivery address different from item 1?

If YES, enter delivery address below

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail
☐ Registered ☐ Return Receipt
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

SANTA TERESA NM 88008

Postage \$ 0.49

Certified Fee \$3.30

Return Receipt Fee (Endorsement Required) \$2.70

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.49

02

Postmark Here

OCT 27 2014

10/27/2014

Sent To

Foamex

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dona Ana County
845 N. Motel Blvd
Las Cruces, NM
88007

2. Article Number

(Transfer from service label)

7013 3020 0002 3438 8996

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

Melia Inell

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☐ Certified Mail® ☐ Priority Mail Express
☐ Registered ☐ Return Receipt
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

LAS CRUCES NM 88007

Postage \$ 0.49

Certified Fee \$3.30

Return Receipt Fee (Endorsement Required) \$2.70

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 6.49

02

Postmark Here

OCT 27 2014

10/27/2014

Sent To

Dona Ana

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

ED_013075_00001953-00020



Page 1 of 2

CERTIFIED MAIL

October 27, 2014,

Clerk, Dona Ana County
845 N. Motel Blvd.
Las Cruces, NM 88007

SAMPLE
LETTER

Dear County Clerk:

According to New Mexico air quality regulations, the Sterigenics Santa Facility must announce its intent to apply to the New Mexico Environmental Department for an air quality permit revision for modification of its product sterilization facility. We anticipate submitting our application to the Air Quality Bureau on November 1, 2014.

The exact location of the facility is 2400 Airport Road, Santa Teresa, New Mexico 88008. The facility is located approximately 5 miles west of Interstate 10, near the intersection of Airport Road and Pete V. Domenici Highway.

The requested permit revision will allow for installation of an additional 30 pallet sterilization chamber and a 20 percent increase in the facility's allowed the usage of Ethylene Oxide and/or Propylene Oxide. The permit revision also covers connecting nine chamber backvents to an existing catalytic oxidizer control system for emissions treatment. Additionally, the revision updates equipment descriptions for several pieces of equipment identified as emission sources in our current permit. The proposed changes will reduce volatile organic compound emissions from current permit levels by approximately 5.4 pounds per hour and 2.6 tons per year.

The estimated maximum quantities for regulated air contaminants will be:

<u>Pollutant:</u>	<u>Pounds per hour</u>	<u>Tons per year</u>
PM ₁₀	0.2	0.7
Sulfur Dioxide (SO ₂)	0.1	0.1
Nitrogen Oxides (NO _x)	2.2	9.6
Carbon Monoxide (CO)	1.8	8.0
Volatile Organic Compounds (VOC)	12.9	6.6
Ethylene Oxide/Propylene Oxide (HAP)	12.8	6.1

These emission estimates could change slightly during the course of the Department's review of the application.

The facility operates 24 hours each day, seven days a week and a maximum of 52 weeks per year.

The owner and owner's address of the facility is:

Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

Sterigenics - Santa Teresa Facility
2400 Airport Road • Santa Teresa, NM 88008
Tel 575.589.9300 • Fax 575.589.9727

ED_013075_00001953-00021



Page 2 of 2

If you have any comments about the operation of the facility and want your comments to be made a part of the permit review process, you must submit your comments in writing to:

Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816

Other comments and questions may be submitted verbally at:

Phone: (505) 476-4300

Please refer to the company name and facility name as used in this notice, or send a copy of this notice along with your comments since the Department may not have received the permit application at the time of this notice. Please include a legible mailing address with your comments. Once the Department has performed a preliminary review of the application and its air quality impacts, the Department's notice will be published in the legal section of a newspaper circulated near the facility's location.

Sincerely,

A handwritten signature in cursive script that reads 'Original signed by Steve Ortiz'.

Steve Ortiz
Santa Teresa Facility General Manager

2400 Airport Road
Santa Teresa, NM 88008

SAMPLE

PUBLIC SERVICE ANNOUNCEMENT TEXT

The Sterigenics Santa Teresa New Mexico Facility announces it has applied to the New Mexico Environmental Department for an air quality permit revision for modification of its product sterilization facility. The facility is located at 2400 Airport Road, Santa Teresa, New Mexico, and is owned by Sterigenics, U.S., LLC in Oak Brook, Illinois.

The requested permit revision will allow for installation of an additional 30 pallet sterilization chamber and a 20 percent increase in the facility's allowed usage of Ethylene Oxide and/or Propylene Oxide. The permit revision also covers connecting nine chamber backvents to an existing catalytic oxidizer emission control system for emissions treatment. Additionally, the permit revision updates equipment descriptions for several pieces of equipment identified as emission sources in the current permit.

Postings of the public notice for the requested permit revision have been made at the following locations:

- The facility's main entrance
- Sunland Park Post Office
- Ay Cocula
- Santa Teresa Port of Entry


Comments on the proposed permit revision can be made to the New Mexico Air Quality Bureau by calling: (505) 476-4300 or (800) 224-7009, or by mailing to:

New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816

Submittal of Public Service Announcement – Certification

I, Steve ORTIZ, the undersigned, certify that on {DATE}, submitted a public service announcement to {RADIO\TV STATION NAME} that serves the City\Town\Village of {PLACE NAME}, {COUNTY NAME} County, New Mexico, in which the source is or is proposed to be located and that {RADIO\TV STATION NAME} ~~{DID NOT RESPOND}~~ RESPONDED THAT IT WOULD NOT AIR THE ANNOUNCEMENT RESPONDED THAT IT WOULD AIR THE ANNOUNCEMENT.

Signed this 11 day of November, 2014


Signature

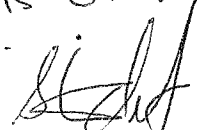
11 NOV 14
Date

Steve ORTIZ
Printed Name

General Manager Sterigenics Santa Teresa
Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

RADIO STATION KERT THAT'S IN LAS CRUCES NM
AND SERVES DOÑA ANA CO. and surrounding counties.

Radio Ad has Run a total of 7 times AS OF 11 NOV 14


11-NOV 14

General Posting of Notices – Certification

I, STEVE ORTIZ, the undersigned, certify that on {DATE}, posted a true and correct copy of the attached Public Notice in the following publicly accessible and conspicuous places in the {CITY\TOWN\VILLAGE} of {COUNTY NAME} County, State of New Mexico on the following dates:

1. STERIGENICS
Facility entrance {DATE} 2400 Airport Rd Santa Teresa 27 Oct 14
2. AY COCULA
{Location 2} {DATE} 5325 McNUTT Rd, Santa Teresa 27 Oct 14 (EATERY)
3. SUNLAND PARK POST OFFICE
{Location 3} {DATE} Sunland Park NM 3500 McNUTT Rd 27 Oct 14
4. EL REY COLIMAN
{Location 4} {DATE} Santa Teresa Port of Entry 27 Oct 14 (EATERY)

Signed this 28th day of OCTOBER, 2014.


Signature

28 OCT 14
Date

STEVE ORTIZ
Printed Name

GENERAL MANAGER STERIGENICS Santa Teresa
Title {APPLICANT OR RELATIONSHIP TO APPLICANT}

LAS CRUCES SUN-NEWS

PROOF OF PUBLICATION

I, being duly sworn, Frank Leto deposes and says that he is the Publisher of the Las Cruces Sun -News, a newspaper published daily in the county of Dona Ana, State of New Mexico; that the notice 54441 is an exact duplicate of the notice that was published once a week/day in regular and entire issue of said newspaper and not in any supplement thereof for 1 consecutive week(s)/day(s), the first publication was in the issue dated October 29, 2014, the last publication was October 29, 2014

Despondent further states this newspaper is duly qualified to publish legal notice or advertisements within the meaning of Sec. Chapter 167, Laws of 1937.

Signed



Publisher
Official Position

STATE OF NEW MEXICO

ss.

County of Dona Ana

Subscribed and sworn before me this

31st day of October, 2014



Notary Public in and for
Dona Ana County, New Mexico

9th June, 2018
My Term Expires



OFFICIAL SEAL
CARLA D. DEEMER
NOTARY PUBLIC-State of New Mexico
My Commission Expires 6/9/18

NOTICE OF AIR QUALITY PERMIT APPLICATION

The Sterigenics Santa Teresa New Mexico Facility announces its intent to apply to the New Mexico Environmental Department for an air quality permit revision for modification of its product sterilization facility. The expected date of application submittal to the Air Quality Bureau is November 1, 2014. This notice is a requirement according to New Mexico air quality regulations.

The exact location of the facility is 2400 Airport Road, Santa Teresa, New Mexico 88008. The facility is located approximately 5 miles west of Interstate 10, near the intersection of Airport Road and Pete V. Domenici Highway.

The requested permit revision will allow for installation of an additional 30 pallet sterilization chamber and a 20 percent increase in the facility's allowed usage of Ethylene Oxide and/or Propylene Oxide. The permit revision also covers connecting nine chamber backvents to an existing catalytic oxidizer control system for emissions treatment. Additionally, the permit revision updates equipment descriptions for several pieces of equipment identified as emission sources in the current permit. The proposed changes will reduce volatile organic compound emissions from current permit levels by approximately 5.4 pounds per hour and 2.6 tons per year. The estimated maximum quantities for regulated air contaminants will be:

Pollutant: PM10

Pounds per hour: 0.2

Tons per year: 0.7

Pollutant: Sulfur Dioxide (SO2)

Pounds per hour: 0.1
year: 0.1

Tons per

Pollutant: Nitrogen Oxides (NOx)

Pounds per hour: 2.2

Pounds per year: 9.6

LAS CRUCES SUN-NEWS

Pollutant: Carbon Monoxide (CO)

Pounds per hour: 1.8 Pounds per
year: 8.0

Pollutant: Volatile Organic Compounds
(VOC) Pounds per hour: 12.9

Pounds per year: 6.6

Pollutant: Ethylene Oxide/Propylene Oxide
(HAPs)

Pounds per hour: 12.8 Pounds per
year: 6.1

These emission estimates could change slightly during the course of the Department's review of the application.

The facility operates 24 hours each day, seven days a week and a maximum of 52 weeks per year.

The owner /operator of the facility is:
Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

If you have any comments about the construction or operation of the facility and want your comments to be made a part of the permit review process, you must submit your comments in writing to:

Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816
(505) 476-4300

Other comments and questions may be submitted verbally.

Please refer to the company name and facility name as used in this notice, or send a copy of this notice along with your comments since the Department may not have received the permit application at the time of this notice. Please include a legible mailing address with your comments. Once the Department has performed a preliminary review of the application and its air quality impacts, the Department's notice will be published in the

legal section of a newspaper circulated near the facility's location.

AVISO DE SOLICITUD DE PERMISO SOBRE LA CALIDAD DEL AIRE

La planta de esterilización Steigenics, localizada en Santa Teresa Nuevo Mexico, anuncia su intención de solicitar la revisión para la modificación de su permiso para la calidad del aire al Departamento del Ambiente del Estado de Nuevo Mexico. La fecha prevista por la Agencia de la Calidad del Aire para el envío de dicha solicitud es el 1ero. de Noviembre del 2014.

La ubicación exacta de la planta se encuentra en la calle 2400 Airport Road en la ciudad de Santa Teresa Nuevo Mexico que esta localizada aproximadamente a 5 millas al Oeste de la interestatal 10 y muy cerca de la intersección con la carretera Pete V. Domenici.

La revisión del permiso solicitado permitirá la adición de una cámara de esterilización de 30 tarimas y un incremento del 20% del uso de Óxido de Etileno u Óxido de Propileno, ya permitido a la planta. Además, cubrirá la conexión de nueve ventiladores de las cámaras de esterilización al sistema de control del oxido catalítico para el tratamiento de emisiones ya existente. Aunado a lo anterior, la revisión del permiso actualiza las descripciones de varias piezas de los equipos identificados como fuentes de emisión en el permiso actual. Dichos cambios reducirán las emisiones de compuestos orgánicos volátiles de los niveles actuales permitidos por aproximadamente 5.4 libras por hora y 2.6 toneladas por año.

Las cantidades máximas estimadas para el uso regulado de contaminantes del aire serán los siguientes:

Contaminante: PM10 0

Libras por hora: 0.2

Toneladas por año: 0.7

Contaminante: Dióxido Sulfúrico (SO2)

LAS CRUCES SUN-NEWS

Libras por hora: 0.1
Toneladas por año: 0.1
Contaminante: Óxido de Nitrógeno (NOx)
Libras por hora: 2.2
Toneladas por año: 9.6
Contaminante: Monóxido de Carbono (CO)
Libras por hora: 1.8
Toneladas por año: 8.0
Contaminante: Compuestos Orgánicos
Volátiles (VOC)
Libras por hora: 12.9
Toneladas por año: 6.6
Contaminante: Óxido de Etileno/Óxido de
Propileno (HAPs)
Libras por hora: 12.8
Toneladas por año: 6.1

Las estimaciones sobre las emisiones podrían cambiar ligeramente durante el proceso de revisión de la solicitud por el departamento.

La planta opera las 24 horas del día, siete días a la semana con un máximo de 52 semanas por año.

El dueño/operador de dicha planta es:
Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

Si usted tiene algún comentario acerca de la construcción u operación de la planta y quiere que sus comentarios sean parte del proceso de revisión del permiso, deberá dirigir sus comentarios por escrito a:

Permit Programs Manager
New Mexico Environmental
Department
Air Quality Bureau
525 Camino de los Marquez,
Suite 1
Santa Fe, New Mexico 87505-
181
(505) 476-4300

Otros comentarios y preguntas podrán ser presentadas verbalmente.

Favor de referirse al nombre de la compañía y de la planta mencionada en este aviso o enviar

una copia del aviso con sus comentarios dado que el departamento puede no haber recibido la solicitud del permiso al momento de este aviso. Favor de incluir una dirección de correo con sus comentarios. Una vez que el departamento haya realizado una revisión preliminar de la solicitud y su impacto en la calidad del aire, su notificación será publicada en la sección legal del periódico de más circulación cerca de la planta.

Pub #54442

Run Dates: Oct 29, 31, 2014

LEGAL

Legal Notices 152

LAS CRUCES PUBLIC SCHOOL DISTRICT IS SELLING SURPLUS INVENTORY ON THE INTERNET

*WEIGHT ROOM EQUIPMENT
*MISCELLANEOUS STUDENT TABLES
*MISCELLANEOUS STUDENT SEATING
*STUDENT TABLE ARM CHAIRS

For great bargains visit:
www.publicsurplus.com

FREE ACCESS FOR THE PUBLIC
Keep Checking The Above Website

Pub #54441
Run Date: Oct 29, 2014

Members of the public are invited to provide comment on hearings for the issuance of or transfers of liquor licenses as outlined below. All hearings will be conducted at the NM Alcohol & Gaming Division Offices on the date specified in the Toney Anaya Bldg., 2550 Cerrillos Road, 2nd Floor, Santa Fe, NM. The Hearing Officer for this Application is Pamela Brommer who can be contacted at 505-476-4548 or pamela.brommer@state.nm.us

Application A-931079 for the Issuance of a Restaurant Liquor License on November 5, 2014 at 2:00 p.m. Applicant is R Galvan LLC, d/b/a Miguel's Restaurant located at 1140 E Amador Avenue Las Cruces, New Mexico.

Pub #54433
Run Date: Oct 29, 2014

NOTICE OF AIR QUALITY PERMIT APPLICATION

The Sterigenics Santa Teresa New Mexico Facility announces its intent to apply to the New Mexico Environmental Department for an air quality permit revision for modification of its product sterilization facility. The expected date of application submittal to the Air Quality Bureau is November 1, 2014. This notice is a requirement according to New Mexico air quality regulations.

The exact location of the facility is 2400 Airport Road, Santa Teresa, New Mexico 88008. The facility is located approximately 5 miles west of Interstate 10, near the intersection of Airport Road and Pete V. Domenici Highway.

The requested permit revision will allow for installation of an additional 30 pallet sterilization chamber and a 20 percent in-

Legal Notices 152

crease in the facility's allowed usage of Ethylene Oxide and/or Propylene Oxide. The permit revision also covers connecting nine chamber backvents to an existing catalytic oxidizer control system for emissions treatment. Additionally, the permit revision updates equipment descriptions for several pieces of equipment identified as emission sources in the current permit. The proposed changes will reduce volatile organic compound emissions from current permit levels by approximately 5.4 pounds per hour and 2.6 tons per year. The estimated maximum quantities for regulated air contaminants will be:

Pollutant: PM10
Pounds per hour: 0.2
Tons per year: 0.7
Pollutant: Sulfur Dioxide (SO2)
Pounds per hour: 0.1
Tons per year: 0.1
Pollutant: Nitrogen Oxides (NOX)
Pounds per hour: 2.2
Pounds per year: 9.6
Pollutant: Carbon Monoxide (CO)
Pounds per hour: 1.8
Pounds per year: 8.0
Pollutant: Volatile Organic Compounds (VOC)
Pounds per hour: 12.9
Pounds per year: 6.6
Pollutant: Ethylene Oxide/Propylene Oxide (HAPs)
Pounds per hour: 12.8
Pounds per year: 6.1

These emission estimates could change slightly during the course of the Department's review of the application.

The facility operates 24 hours each day, seven days a week and a maximum of 52 weeks per year.

The owner/operator of the facility is:
Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

If you have any comments about the construction or operation of the facility and want your comments to be made a part of the permit review process, you must submit your comments in writing to:

Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816
(505) 476-4300

Other comments and questions may be submitted verbally.

Please refer to the company name and facility name as used in this no-

Legal Notices 152

tice, or send a copy of this notice along with your comments since the Department may not have received the permit application at the time of this notice. Please include a legible mailing address with your comments. Once the Department has performed a preliminary review of the application and its air quality impacts, the Department's notice will be published in the legal section of a newspaper circulated near the facility's location.

AVISO DE SOLICITUD DE PERMISO SOBRE LA CALIDAD DEL AIRE

La planta de esterilización Sterigenics, localizada en Santa Teresa Nuevo Mexico, anuncia su intención de solicitar la revisión para la modificación de su permiso para la calidad del aire al Departamento del Ambiente del Estado de Nuevo Mexico. La fecha prevista por la Agencia de la Calidad del Aire para el envío de dicha solicitud es el 1ero. de Noviembre del 2014.

La ubicación exacta de la planta se encuentra en la calle 2400 Airport Road en la ciudad de Santa Teresa Nuevo Mexico que esta localizada aproximadamente a 5 millas al Oeste de la interestatal 10 y muy cerca de la intersección con la carretera Pete V. Domenici.

La revisión del permiso solicitado permitirá la adición de una cámara de esterilización de 30 tarimas y un incremento del 20% del uso de Oxido de Etileno u Oxido de Propileno, ya permitido a la planta. Además, cubrirá la conexión de nueve ventiladores de las cámaras de esterilización al sistema de control del oxido catalítico para el tratamiento de emisiones ya existente. Aunado a lo anterior, la revisión del permiso actualiza las descripciones de varias piezas de los equipos identificados como fuentes de emisión en el permiso actual. Dichos cambios reducirán las emisiones de compuestos orgánicos volátiles de los niveles actuales permitidos por aproximadamente 5.4 libras por hora y 2.6 toneladas por año.

Las cantidades máximas estimadas para el uso regulado de contaminantes del aire serán los siguientes:

Contaminante: PM100
Libras por hora: 0.2
Toneladas por año: 0.7
Contaminante: Dióxido Sulfúrico (SO2)
Libras por hora: 0.1
Toneladas por año: 0.1

Legal Notices 152

Contaminante: Oxido de Nitrógeno (NOx)
Libras por hora: 2.2
Toneladas por año: 9.6
Contaminante: Monóxido de Carbono (CO)
Libras por hora: 1.8
Toneladas por año: 8.0
Contaminante: Compuestos Orgánicos Volátiles (VOC)
Libras por hora: 12.9
Toneladas por año: 6.6
Contaminante: Oxido de Etileno/Oxido de Propileno (HAPs)
Libras por hora: 12.8
Toneladas por año: 6.1

Las estimaciones sobre las emisiones podrían cambiar ligeramente durante el proceso de revisión de la solicitud por el departamento.

La planta opera las 24 horas del día, siete días a la semana con un máximo de 52 semanas por año.

El dueño/operador de dicha planta es:
Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

Si usted tiene algún comentario acerca de la construcción u operación de la planta y quiere que sus comentarios sean parte del proceso de revisión del permiso, deberá dirigir sus comentarios por escrito a: Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816
(505) 476-4300

Otros comentarios y preguntas podrán ser presentadas verbalmente.

Favor de referirse al nombre de la compañía y de la planta mencionada en este aviso o enviar una copia del aviso con sus comentarios dado que el departamento puede no haber recibido la solicitud del permiso al momento de este aviso. Favor de incluir una dirección de correo con sus comentarios. Una vez que el departamento haya realizado una revisión preliminar de la solicitud y su impacto en la calidad del aire, su notificación será publicada en la sección legal del periódico de mas circulación cerca de la planta.

Pub #54442
Run Dates: Oct 29, 31, 2014

SELL IT FAST!
Call
523-4581

WEDNESDAY, OCTOBER 29, 2014

NOTICE OF AIR QUALITY PERMIT APPLICATION

The Sterigenics Santa Teresa New Mexico Facility announces its intent to apply to the New Mexico Environmental Department for an air quality permit revision for modification of its product sterilization facility. The expected date of application submittal to the Air Quality Bureau is November 1, 2014. This notice is a requirement according to New Mexico air quality regulations.

The exact location of the facility is 2400 Airport Road, Santa Teresa, New Mexico 88008. The facility is located approximately 5 miles west of Interstate 10, near the intersection of Airport Road and Pete V. Domenici Highway.

The requested permit revision will allow for installation of an additional 30 pallet sterilization chamber and a 20 percent increase in the facility's allowed usage of Ethylene Oxide and/or Propylene Oxide. The permit revision also covers connecting nine chamber backvents to an existing catalytic oxidizer control system for emissions treatment. Additionally, the permit revision updates equipment descriptions for several pieces of equipment identified as emission sources in the current permit. The proposed changes will reduce volatile organic compound emissions from current permit levels by approximately 5.4 pounds per hour and 2.6 tons per year.

The estimated maximum quantities for regulated air contaminants will be:

Pollutant:	Pounds per hour	Tons per year
PM ₁₀	0.2	0.7
Sulfur Dioxide (SO ₂)	0.1	0.1
Nitrogen Oxides (NO _x)	2.2	9.6
Carbon Monoxide (CO)	1.8	8.0
Volatile Organic Compounds (VOC)	12.9	6.6
Ethylene Oxide/Propylene Oxide	12.8	6.1

These emission estimates could change slightly during the course of the Department's review of the application.

The facility operates 24 hours each day, seven days a week and a maximum of 52 weeks per year.

The owner/operator of the facility is:

Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

If you have any comments about the construction or operation of the facility and want your comments to be made a part of the permit review process, you must submit your comments in writing to:

Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-1816
(505) 476-4300

Other comments and questions may be submitted verbally.

Please refer to the company name and facility name as used in this notice, or send a copy of this notice along with your comments since the Department may not have received the permit application at the time of this notice. Please include a legible mailing address with your comments. Once the Department has performed a preliminary review of the application and its air quality impacts, the Department's notice will be published in the legal section of a newspaper circulated near the facility's location.

AVISO DE SOLICITUD DE PERMISO SOBRE LA CALIDAD DEL AIRE

La planta de esterilización Sterigenics, localizada en Santa Teresa Nuevo Mexico, anuncia su intención de solicitar la revisión para la modificación de su permiso para la calidad del aire al Departamento del Ambiente del Estado de Nuevo Mexico. La fecha prevista por la Agencia de la Calidad del Aire para el envío de dicha solicitud es el 1ero. de Noviembre del 2014.

La ubicación exacta de la planta se encuentra en la calle 2400 Airport Road en la ciudad de Santa Teresa Nuevo Mexico que esta localizada aproximadamente a 5 millas al Oeste de la Interestatal 10 y muy cerca de la intersección con la carretera Pete V. Domenici.

La revisión del permiso solicitado permitirá la adición de una cámara de esterilización de 30 tanmas y un incremento del 20% del uso de Óxido de Etileno u Óxido de Propileno, ya permitido a la planta. Además, cubrirá la conexión de nueve ventiladores de las cámaras de esterilización al sistema de control del óxido catalítico para el tratamiento de emisiones ya existente. Aunado a lo anterior, la revisión del permiso actualiza las descripciones de varias piezas de los equipos identificados como fuentes de emisión en el permiso actual. Dichos cambios reducirán las emisiones de compuestos orgánicos volátiles de los niveles actuales permitidos por aproximadamente 5.4 libras por hora y 2.6 toneladas por año.

Las cantidades máximas estimadas para el uso regulado de contaminantes del aire serán los siguientes:

Contaminante:	Libras por hora	Toneladas por año
PM ₁₀	0.2	0.7
Dióxido Sulfúrico (SO ₂)	0.1	0.1
Óxido de Nitrógeno (NO _x)	2.2	9.6
Monóxido de Carbono (CO)	1.8	8.0
Compuestos Orgánicos Volátiles (COV)	12.9	6.6
Óxido de Etileno/Óxido de Propileno (HAPs)	12.8	6.1

Las estimaciones sobre las emisiones podrían cambiar ligeramente durante el proceso de revisión de la solicitud por el departamento.

La planta opera las 24 horas del día, siete días a la semana con un máximo de 52 semanas por año.

El dueño/operador de dicha planta es:

Sterigenics, U.S., LLC
2015 Spring Road - Suite 650
Oak Brook, Illinois 60523

Si usted tiene algún comentario acerca de la construcción u operación de la planta y quiere que sus comentarios sean parte del proceso de revisión del permiso, deberá dirigir sus comentarios por escrito a:

Permit Programs Manager
New Mexico Environmental Department
Air Quality Bureau
525 Camino de los Marquez, Suite 1
Santa Fe, New Mexico 87505-181
(505) 476-4300

Otros comentarios y preguntas podrán ser presentadas verbalmente.

Favor de referirse al nombre de la compañía y de la planta mencionada en este aviso o enviar una copia del aviso con sus comentarios dado que el departamento puede no haber recibido la solicitud del permiso al momento de este aviso. Favor de incluir una dirección de correo con sus comentarios. Una vez que el departamento haya realizado una revisión preliminar de la solicitud y su impacto en la calidad del aire, su notificación será publicada en la sección legal del periódico de más circulación cerca de la planta.

STERIGENICS · OAKBROOK, ILLINOIS

10/23/2014

Check No. 307221

00307221

NEW MEXICO ENVIRONMENT DEPT

Document No.

Document Date

Amount

Discount

Net Amount

AIR PERMIT FOR NEW CHA

10/20/14

500.00

500.00

Total:

500.00

STERIGENICS · OAKBROOK, ILLINOIS 630.928.1700 · PLEASE DETACH CHECK AT THE PERFORATION BELOW

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK - HOLD AT ANGLE TO VIEW

JP Morgan Chase Bank, N.A.

70-2322
719

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2015 SPRING ROAD, SUITE 650, OAKBROOK, ILLINOIS 60523

DATE

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\$*****500.00

Pay to the
Order Of

NEW MEXICO ENVIRONMENT DEPT
AIR QUALITY BUREAU
1301-B SILER ROAD
SANTA FE NM 87507

AUTHORIZED SIGNATURE

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Form 804-BG

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